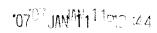




HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470

TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org



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STATE FEHICS COMMISS

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly) LOBBYIST PARTI NAME(Last) TELEPHONE (First) (Middle) (808) 845-3238 Kurouoa JAMES ISAMU MAILING ADDRESS (Street) 1617 POLAMA STREET (808) 845-8300 (Zip Code) (City) (State) HOWAN 96817 Honolucu EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE HAWDII LAPPOTURES'- FEMPLOYERS COOPERATION EDUCATION least (808) 845-3238 MAILING ADDRESS (Street) FAX (808) 845-8300 1617 PALAMA STREET (Zip Code) (City) (State) 96817 Horiounu LAWSII

| PART II ORGANIZATION         |   |            |  |
|------------------------------|---|------------|--|
| NAME OF ORGANIZATION YOU LOB | TELEPHONE                                       |            |  |
| LAPPORERS' LLUIDU LOCU       | (808) 841-5877                                  |            |  |
| MAILING ADDRESS (Street)     | FAX   |            |  |
| 1617 PALAMA Sarc             | (808) 847-7829                                  |            |  |
| (City)                       | (State)   | (Zip Code) |  |
| Honoracu                     | thas a  | 6817       |  |
| 1                            | PREPARING ORGANIZATION'S EXPENDITURES STATEMENT | TELEPHONE  |  |
| JAMES I. KUROU               | (808) 845-3238                                  |            |  |
| MAILING ADDRESS (Street)     |   | FAX        |  |
| 1617 Parama Su               | (808) 845-8300                                  |            |  |
| (City)                       | (State)   | Zip Code)  |  |
| Homorucu                     | troope  | 96817      |  |

| PART   | III DESCRIPTION OF                          | SHE      | BJECTS UPON WHICH               | 1 1011   | EXPECT TO LORBY                                      |             |   |
|--|---|----------|---------------------------------|----------|--|-------------|---|
| TANI   | III DEGCKII HON OI                          | 001      | SULUTION OF OR WITHOU           | 1 100    | LAI LOT TO LOBBT                                     |             |   |
|  | Agriculture                                 | X        | Education                       |          | Human Services                                       | ×           | Science, Technology &<br>Economic Development |
|  | Communications & Public Utilities           |          | Government Operations & Finance |          | Intergovernmental Relations<br>International Affairs | ,           | Tourism & Recreation                          |
| $\times$   | Consumer Protection & Commerce              |          | Hawaiian Affairs                | ×        | Labor & Employment                                   | ×           | Transportation                                |
|  | Culture, Arts, Historic<br>Preservation     |          | Health                          | $\star$  | Planning, Land & Water<br>Use Management             |             | Other: (indicate below)                       |
|  | Ecology, Energy<br>Environmental Protection |          | Housing                         |          | Public Safety & Corrections                          |             |   |
|  |   |          |                                 |          |  |             |   |
| PART   | IV CERTIFICATION O                          | OF LO    | OBBYIST                         |          |  |             |   |
| 1.   | hereby certify that the inf                 | orma     | tion furnished above is         | , to the | best of my knowledge                                 | , correct   | and complete.                                 |
|  | Mun VY                                      | 7 / // 4 | 1                               |          | 1/10   | 1200-       | 1   |
| / Jum / Musilias / 10/20/                                |   |          |                                 |          | *  |             |   |
|  |   | oignat   | ure of Lobbyist)                |          |  | (Date)      |   |
| PART   | V AUTHORIZATION                             | TOI      | OPPV                            |          |  |             |   |
| NAME   | V AUTHORIZATION                             | <u> </u> | OBBI                            | TITLE    | OF AUTHORIZING OFFICE                                | R OR PER    | RSON REPRESENTED                              |
|  |   |          | _                               |          |  |             |   |
| 1  | Biehjamin Sagu                              | 1130     |                                 | 120      | rurss Univers/S                                      | ECIZEINE    | ry-logasurerz                                 |
| NAME OF ORGANIZATION (if applicable)                     |   |          | TELEPHONE                       |          |  |             |   |
| LAPHOTERIS' ULMON LOCAL 368                              |   |          |                                 | (        | (808) 8  | 41-5877     |   |
| MAILIN   | G ADDRESS (Street)                          |          | <del></del>                     |          | F  | AX          |   |
| 1617 PALAMA STREET                                       |   |          |                                 | (        | 808) 8   | 47-7829     |   |
| (  | City)                                       |          | (State)                         |          | (Zip Cod   | de)         |   |
| 1  | HONOLULU HAWAU                              |          |                                 | 968      | ĺΪ   |             |   |
|  | hereby authorize the abo                    | ve -     | named person to engag           | ge in lo | bbying activities on bel                             | half of the | undersigned.                                  |
| 13   | gryamin Aug n                               | 60       | ,                               |          | Janua  | m 10        | 2027  |
| (Signature of Authorizing Officer or Person Represented) |   |          |                                 |          |  | (Date)      | · <u> </u>                                    |
| <u> </u>   | 7   |          |                                 |          |  | 1           |   |